Licensing Division (LD)

**Kinship License Renewal Assessment**

Provider Name

Current Address  City

State **WA** Zip Code

Children Specific Name(s)

Date of Current License Expiration

Capacity Age

1. Have there been any changes to the following since the most recent home study or reassessment

a. Household members or individuals on the[ ]  property who have unsupervised access to children or youth placed in the home.[ ]  Yes [ ]  No **[ ]**

If yes, provide details:

b. Health and wellbeing of applicants (health conditions, counseling/therapy, alcohol and drug use, supportive relationships, or relationship conflict or violence). Yes **[ ]**  No **[ ]**

 If yes, provide details

1. Concerns regarding domestic violence. Yes **[ ]**  No **[ ]**

 If yes, provide details:

d. Marital/partner status. Yes **[ ]**  No **[ ]**

 If yes, provide details:

e. Physical structure of the home. Yes **[ ]**  No **[ ]**

 If yes, provide details:

1. Describe how the applicants help children or youth stay connected to their cultural background, including family, religious/spiritual affiliation, SOGIE, and overall growth. Describe how the applicants will show children or youth their cultural identity and racial background are important

1. Since the last home study, have there been any changes to the children or youth’s behavior, physical, or mental health, anything that impacted the family, or any support that is needed to help the children or youth cope with struggles or trauma? Yes **[ ]**  No **[ ]**

If yes, provide details:

1. Describe any parenting challenges the applicants have experienced and how they have been addressed. Describe any parenting challenges the applicants anticipate and how they plan to address these challenges. Identify any support they may need to manage these challenges effectively*.* Include a description of the applicant’s current discipline practices.

1. Is any training needed to address the specific needs of the children or youth in the next licensing period?

Yes **[ ]**  No **[ ]**

If yes, provide details:

1. Describe the applicant’s understanding of and willingness to follow DCYF’s discipline expectations (WAC 110-149-0270).

1. Applicant’s description of their strengths, limitations, and additional support needed to meet the needs of the family and the children or youth placed in their home.

1. Do the applicants need additional support to meet the needs of the family and children or youth?

Yes **[ ]**  No **[ ]**

If yes, describe the lack of resources and details related to mitigation, if applicable. Describe how the department is supporting the family in meeting these needs.

1. Describe the sleeping arrangements (each bedroom, types of beds, and who sleeps where).

1. During the last licensing period, has any household member or individual with unsupervised access to children or youth on the property been arrested? Yes **[ ]**  No **[ ]**

If yes, provide details:

1. Did the applicants have any LD/CPS intakes in the last licensing period? Yes [ ]  No [ ]

If yes, fill in chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| Date:  |       | Intake # |       |
| Related Allegation | Choose an item. | Outcome | Choose an item. |
| Related WAC # | Choose an item. | Outcome | Choose an item. |

*Copy and paste rows above as needed then delete this text*

Summarize the information received, outcome, and any support and services provided to the family as a result:

1. Did the applicants have any LD/Non-CPS intakes in the last licensing period? Yes **[ ]**  No **[ ]**

(Do not include screened out provider actions) If yes, fill in chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| Date:  |  | Intake # |  |
| Related WAC # | Choose an item. | Outcome | Choose an item. |

*Copy and paste rows above as needed then delete this text*

Summarize the information received, outcome, and any support and services provided to the family as a result:

1. Do the applicants have any suggestions for how LD can improve? Yes **[ ]**  No **[ ]**

If yes, provide details:

1. Are there any Administrative Approvals or Waivers? *For the next licensing period.* Yes **[ ]**  No **[ ]**

If yes, provide details:

1. Ask the caseworker about the permanent plan. Is a home study update needed? Yes **[ ]**  No **[ ]**
2. Did you reach out to any caseworkers? *A caseworker is a child's assigned worker/supervisor/CPA case manager. If there is no caseworker to provide comments, note that.* Yes **[ ]**  No **[ ]**

If no,explain why.

If yes, enter caseworker collateral:

Name: Role:

Narrative:

Name: Role:

Narrative:

Name: Role:

Narrative:

1. Licensor’s evaluation:

**Recommendation to License**

The applicants and the home meet the minimum licensing requirements (WAC 110-149) as a Kinship Home.

I recommend licensing for:

Children ages  through

For the period of:  to and including

**Signatures**

LD/CPA Staff Name

LD/CPA Staff Signature Date

LD/CPA Supervisor Name

LD/CPA Supervisor Signature Date